

## Department of Emergency Services and Public Protection COMMISSION ON FIRE PREVENTION AND CONTROL

## FIREFIGHTER II

## **EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

## **APPLICANT DATA**

	, <b>-</b>						
Last name	st name		MI				
Home Street Address				1			
Town	State	Zip Code					
Telephone	Work ( )		Cell ( )				
Home ( )	WOIK ( )		Cell ( )				
Fire Department Name:							
Fire Department City/Town:		1 =					
Firefighter (Check One):		Email Address:					
Career Volunteer							
Your ID number consists of the <u>first (3) letters of your last name</u> and <u>t</u> four (4) numbers of your social security number.							
ID Number	Example: John Adams – SS # 000-00-5555						
		The new ID # will be ADA-5	5555				
Prerequisite Certification Level - Check to	indicate complian	ce with the certification p	rerequisite				
Check one State of Connecticut Certif		Active member of a fire department with continuous service on or before July 1, 1978. Verification must be attached.					
By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.  Applicant Signature							
	EVAMI	NATION DATA					
Type of Examination (Check One). (Applicants must receive applications a minimum of 10 days processed.  Written Examination Date	s prior to the reque		e applications wi	Il not be accepted or			
Examination Location	Examination Location	<u> </u>					
\$35.00 application fee. Please check typ	e or payment ber	OW:					
Check (please indicate check # and date)  VISA Ma	□VISA □ MasterCard # Security Code						
Card Holder's Name:							
Card Holder's Signature							
Expiration Date:							
	DO NOT	SEND CASH					
By my signature below, I certify that the above age on the date of the <i>Practical Skills</i> examinat revocation of certification.	nformation is true	and correct to the best of m					
Applicant's Signature			Date				
Applicant a digitature			Date				
Remit completed application and fee to:	Commission of	on Fire Prevention and Con	trol				

Name:	me: FFID#:					
Firefighter II – NFPA Standard 1001 Compliance						
Section A Section B	ication process for Firefighter II Certification testing co  - Local Fire Department Skills Evaluation  - Live Fire Suppression  - Non-Live Fire Practical Skills Compliance and Evaluation	onsist	s of three Sections:			
Section A	- Local Fire Department Skills Evaluation					
school exa	Performance Requirements (JPR's) are fire department specific mination setting. The following JPR's <b>must be performed, and examination</b> process.					
Each candi	kills Evaluation Sheets  date for Firefighter II Certification must be provided with, exposed reparation for Certification Testing. The Candidate's initials in this Sheets.					
I hereby ac Sheets.	knowledge receipt of the Firefighter II Practical Skills Evalua	tion	Candidate Initials:			
		Loca	I Fire Department Sign off	Date Completed		
JPR 5.5.1	Fire Safety Survey in a Private Dwelling JPR 5.5.1A					
JPR 5.5.2	Present Fire Safety Information to Station Visitors JPR 5.5.2A, JPR 5.5.2B					
	Live Fire Suppression ification at the Firefighter II level, each candidate must complete s	specific	live fire suppression activities in	n accordance with the		
following NFPA 1001 objectives: 5.3.1, 5.3.2, and 5.3.3. These activities must be verified on a <b>separate</b> , " <b>Firefighter II Certification Live Fire Suppression Verification Form</b> ".						
Section C - Non-Live Fire Practical Skills Compliance and Evaluation						
Training Program Completion  All objectives of NFPA Standard 1001, Chapter 5 must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check methodology used below:						
Comp	Compliance Method 1 - Successful completion of a Connecticut Regional Fire School Firefighter II training program					
Compliance Method 2 – Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service  Accreditation Congress Firefighter 2 accredited certification						
Compliance Method 3 – Fire department training or educational program (Prior CFPC approval required)						
Compliance Method 4 - Examination Challenge – Director of Certification approval required						
Training Pro	raining Program Location Date program completed					
5, 2019 edi for that leve per <i>Regula</i>	below, I certify that this candidate is a graduate of a training progration. This candidate has achieved satisfactory scores on all examel by having been observed and evaluated by a certified and qualifications of Connecticut State Agencies, Section 7-3231. I have review this candidate is prepared for the certification process.	ination	s, demonstrated proficiency in a e Service Instructor in the accor	all skill evaluations identified inplishment of these skills,		
Lead Instructor Printed Name				Telephone Number		
Lead Instructor Signature				Date		